

Indiana Professional Licensing Agency 302 West Washington Street, Room E034 Indianapolis, Indiana 46204-2700

Telephone: (317) 232-2980 Fax: (317) 232-2312

Name of applicant			
Address (number and street, city, state, ZIP code)			
I herein apply for a waiver of the one (1) year experience requirement as provided for in the INDIANA REAL ESTATE LICENSING ACT I.C. 25-34.1-3-4.1(a)(2) and 876 IAC 2-16-1.			
The Commission may waive the one (1) year experience requirement upon a finding of equivalent experience.			
(NOTE: The Commission will waive the requirement of having one (1) year salesperson experience immediately preceding the application for a broker's license if the applicant can provide evidence that he / she has had active experience as a licensed real estate salesperson or broker for two (2) of the previous five (5) years, either in the state of Indiana or in any other state requiring licensure.)			
Date of licensure			
State of licensure			
Name of principal broker (if applicable)			
PLEASE SUBMIT THE FOLLOWING:			
Certification of real estate license. (Out of state or Indiana) Notarized affidavit from principal broker attesting to affiliation and verifying dates of affiliation. (If applicable)			
Date (m	onth, day, year)		Signature of applicant
			FOR OFFICE USE ONLY
	APPROVED		
	DENIED	REASON	
	TABLED	REASON	